

# Oral Health Disparities as a Social Justice Issue: The Why and How of Partnering to Tackle Them

November 2016



American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



# CAMPAIGN FOR DENTAL HEALTH

The Campaign for Dental Health is a national network of 150 organizations. With the tagline “Life is better with teeth” the Campaign and website, [likemyteeth.org](http://likemyteeth.org), were formed in 2011 to:

- Provide a national entity to promote and defend community water fluoridation
- Engage advocates & activate them to build a broader community of allies
- Add to and elevate the presence of pro-fluoridation resources on the internet
- Broaden the sphere of influence of pro-fluoridation messaging

CAMPAIGN FOR  
**DENTAL HEALTH**  
life is better **WITH TEETH**

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# TODAY'S SPEAKERS

- **Sinsi Hernández-Cancio**

Sinsi Hernández-Cancio is the Director of Health Equity at Families USA, where she leads the organization's efforts to advance health equity and reduce healthcare disparities across all of its issue areas. She is continuing the organization's work to help build a thriving and vocal health equity movement that will protect the gains of the Affordable Care Act while ensuring maximum equity in its implementation.

Born in Rio Piedras, Puerto Rico, Ms Hernández-Cancio earned an AB from Princeton University's Woodrow Wilson School of Public and International Affairs and a JD from New York University School of Law, where she was a Hays Civil Rights and Civil Liberties Fellow.

- **Stella Kim**

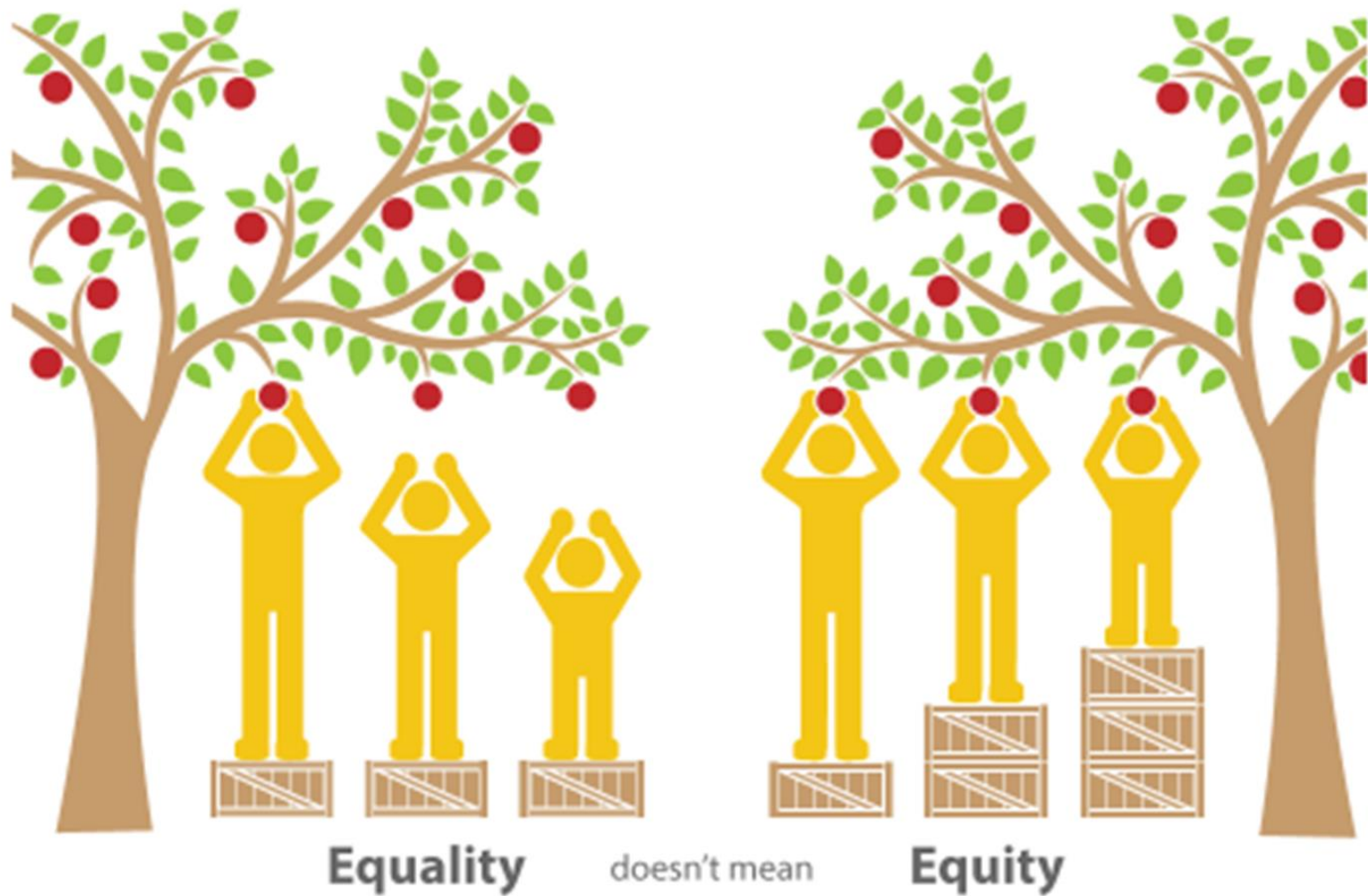
Stella Kim is the Senior Manager of Community Advocacy at the California Pan-Ethnic Health Network (CPEHN), a state-wide policy organization advocating for health equity. Stella is a graduate of UC Berkeley and holds a Master of Public Policy degree from the UCLA Luskin School of Public Affairs.



## **Grounding Oral Health Advocacy In a Health Equity Frame**

Presented by Sinsi Hernández-Cancio  
Health Equity Director

# Health Equity Frame



# What is Health Equity?

- Achieving highest level of health for ALL
- Must value everyone equally
- Focus on societal efforts
  - fix avoidable inequalities
  - Address historical and contemporary injustices
  - Eliminate health and health care disparities

(Source: Healthy People 2020)

# Disparities and Social Determinants

## Health Disparities

Differences in the burden of illness, injury, disability, or mortality experienced by one group relative to another

## Health Care Disparities

Differences in the availability, access to, and quality of health care services



## Social Determinants of Health

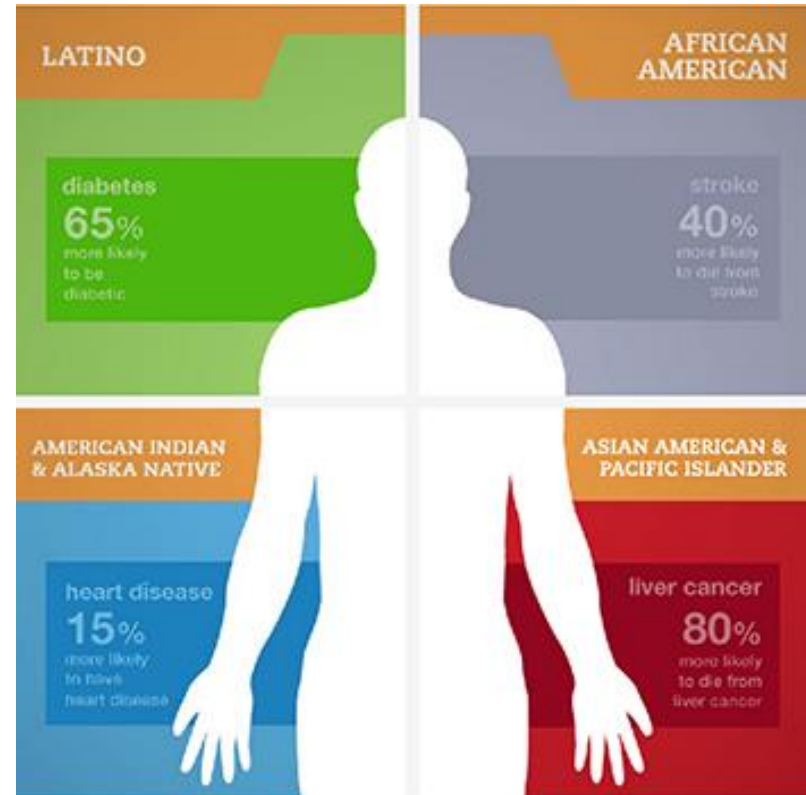
The structural conditions in which people are born, grow, live, work, play, pray and age that influence health risk and outcomes



# Racial and Ethnic Health Disparities Persist

- Increased burden of serious and chronic disease

- Higher rates of having certain conditions
- Worse outcomes from those conditions



- Less Likely to have insurance



# African American Health Disparities

## Diabetes

- 60% more likely to have condition
- 2.4 x more likely to have ESRD
- 2 x more likely to suffer amputation
- 2.2 x higher mortality

## Childhood Asthma

- 2x as likely to have condition
- 3x higher mortality

# Latino Health Disparities

## Diabetes

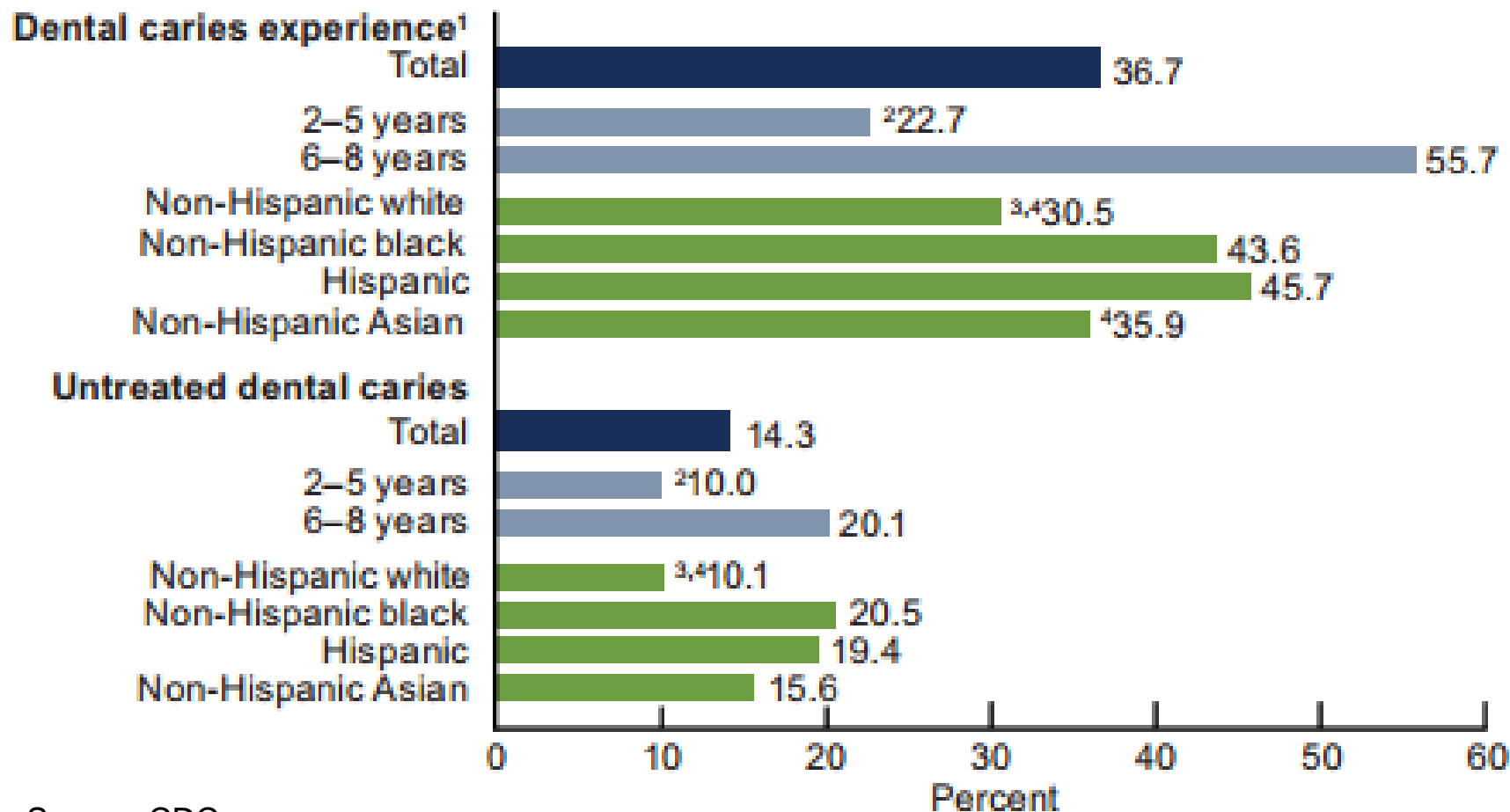
- 65% more likely to have condition
- 55% more likely to get End Stage Renal Disease
- 45% higher mortality

## Cervical Cancer

- 45% more likely to have condition
- 40% higher mortality

# Oral Health Disparities

## Cavities in Primary Teeth: Children 2-8 years

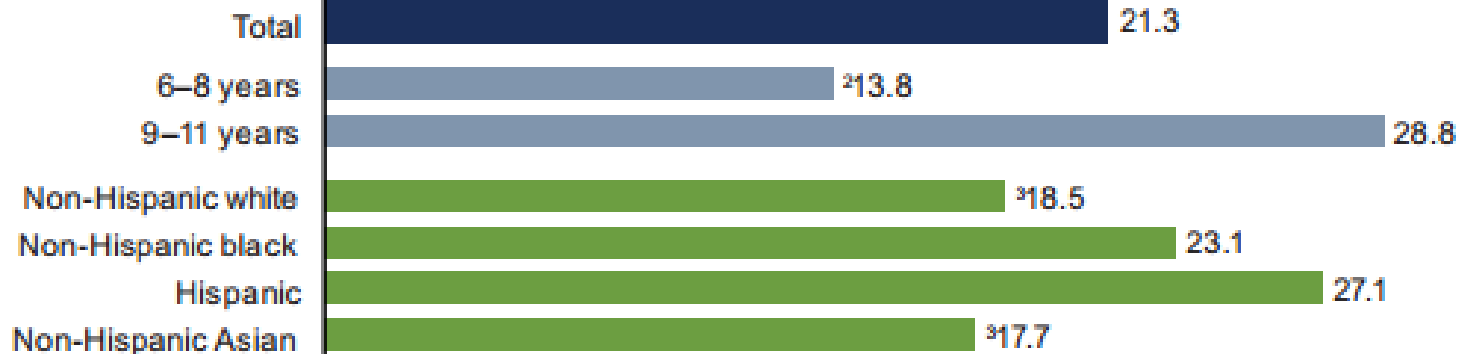


Source: CDC

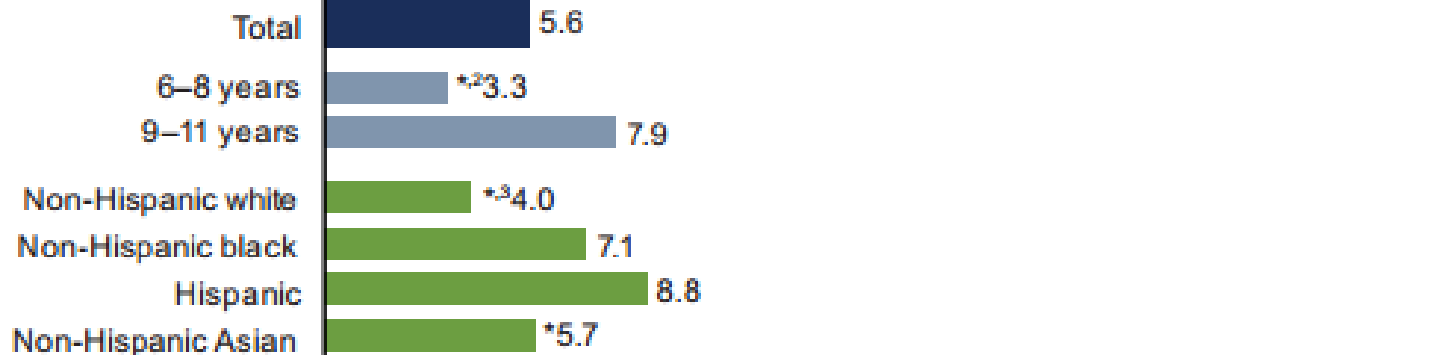
# Oral Health Disparities

## Cavities in Permanent Teeth: Children 2-8 years

### Dental caries experience<sup>1</sup>



### Untreated dental caries



Source: CDC

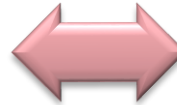
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# Spectrum of Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education			
Support	Walkability				

## Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

# Spectrum of Determinants of Health

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**Discrimination**

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Bias

## Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations



# Spectrum of Determinants of Health

10-20%

Economic Stability	Neighborhood and Physical Environment	Education	Physical Sustenance	Community and Social Context	Health Care System
Employment Income Expenses Debt Medical bills Support	Housing Transportation Safety Parks Playgrounds Walkability	Literacy Language Early childhood education Vocational training Higher education	Hunger Access to healthy options Clean Air Water	Social integration Support systems Community engagement Discrimination	Health coverage Provider availability Provider linguistic and cultural competency Quality of care

Discrimination

Discrimination

Discrimination

Discrimination

Bias

## Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

# Social Determinants: Resources, Race & Place

The ongoing American practice of systemic racism has resulted in enormous racial and ethnic health disparities

Racial Residential Segregation



Concentration of poverty & health risk



Maldistribution of health and health care assets & resources



Vast differences in health outcomes by zip code (and race)

# How Race & Place Matter



# How Race & Place Matter



# Range of Intervention Points



**Poverty**  
**Housing**  
**Insecurity/Quality**  
**Food insecurity**  
**Environmental**  
**Hazards**  
**Risk of Violence**



**Provider Shortages**  
**Inadequate**  
**Networks**  
**Transportation**  
**Limited Hours**  
**Fragmented Care**  
**Systems**



**Lower quality/  
standard of care**  
**Limited Evidence**  
**Base**  
**Literacy**  
**Language Access**  
**Bias**



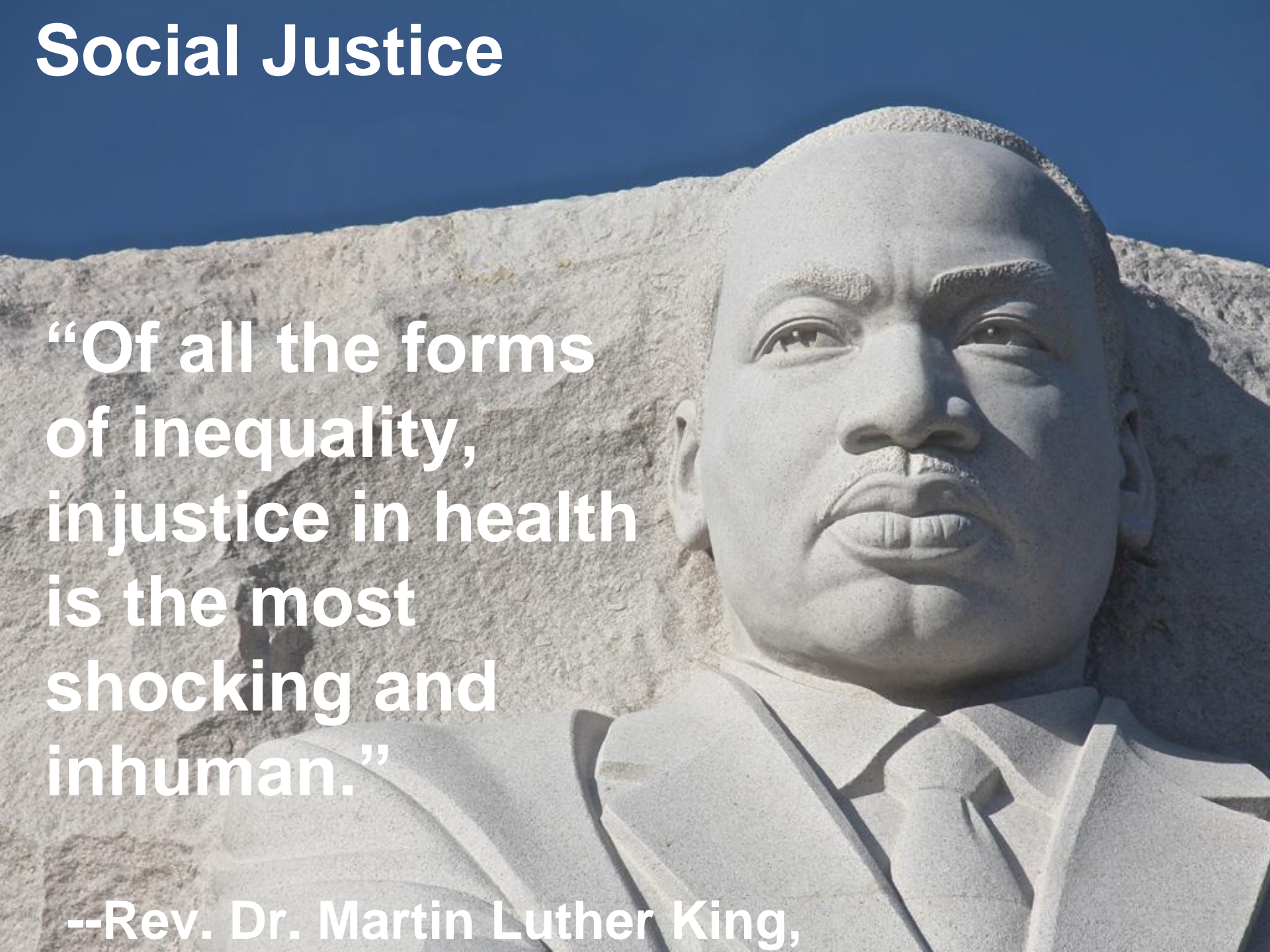




# Social Justice

**“Of all the forms  
of inequality,  
injustice in health  
is the most  
shocking and  
inhuman.”**

**--Rev. Dr. Martin Luther King,**





# The Great Tipping Point of 2011



**Majority of babies born were “minority”**



# **Building Health Equity Partnerships**

# Building Health Equity Partnerships

- Start with humility
- Do your homework
- Identify local leaders & networks
- Meet people where they are
- Take time and effort to educate each other
- Respect communities' self determination & leadership
- Mutual support—not quid pro quo
- Understand communities' hierarchy of needs





**Stop!**  
**Collaborate**  
**and listen...**





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**Health Equity Director**  
**Families USA**  
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**@sinsipuede**



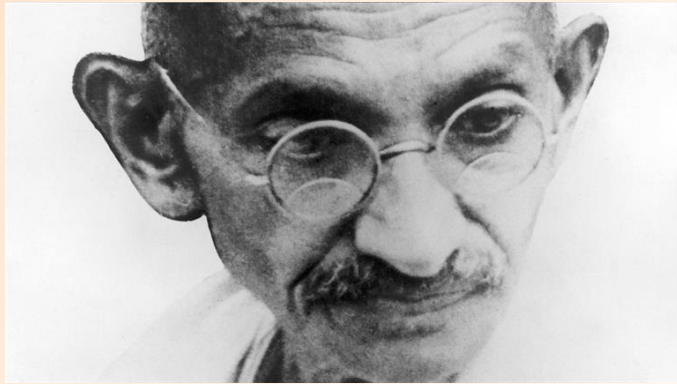
# Building a Multicultural Movement for Oral Health Equity

***Stella Kim***

*Senior Manager of Community Advocacy  
California Pan-Ethnic Health Network*







## Mahatma Gandhi

“It's the action, not the fruit of the action, that's important. You have to do the right thing. It may not be in your power, may not be in your time, that there'll be any fruit. But that doesn't mean you stop doing the right thing. You may never know what results come from your action. But if you do nothing, there will be no result.”



# Overview

- **About the California Pan-Ethnic Health Network (CPEHN)**
- **Oral Health Equity Project (OHEP)**
  - CPEHN's Partnership Model
  - Messaging Oral Health Equity
  - Lessons Learned
- **Conclusion/ Questions**



# What is your vision for oral health equity?



# Intersectionality



# Kimberlé Crenshaw

People of color within LGBTQ movements; girls of color in the fight against the school-to-prison pipeline; women within immigration movements; trans women within feminist movements; and people with disabilities fighting police abuse — all face vulnerabilities that reflect the intersections of racism, sexism, class oppression, transphobia, able-ism and more.

Intersectionality alone cannot bring invisible bodies into view. Mere words won't change the way that some people — the less-visible members of political constituencies — must continue to wait for leaders, decision-makers and others to see their struggles. In the context of addressing the racial disparities that still plague our nation, activists and stakeholders must raise awareness about the intersectional dimensions of racial injustice that must be addressed to enhance the lives of all youths of color.





# CPEHN: Together We're Stronger

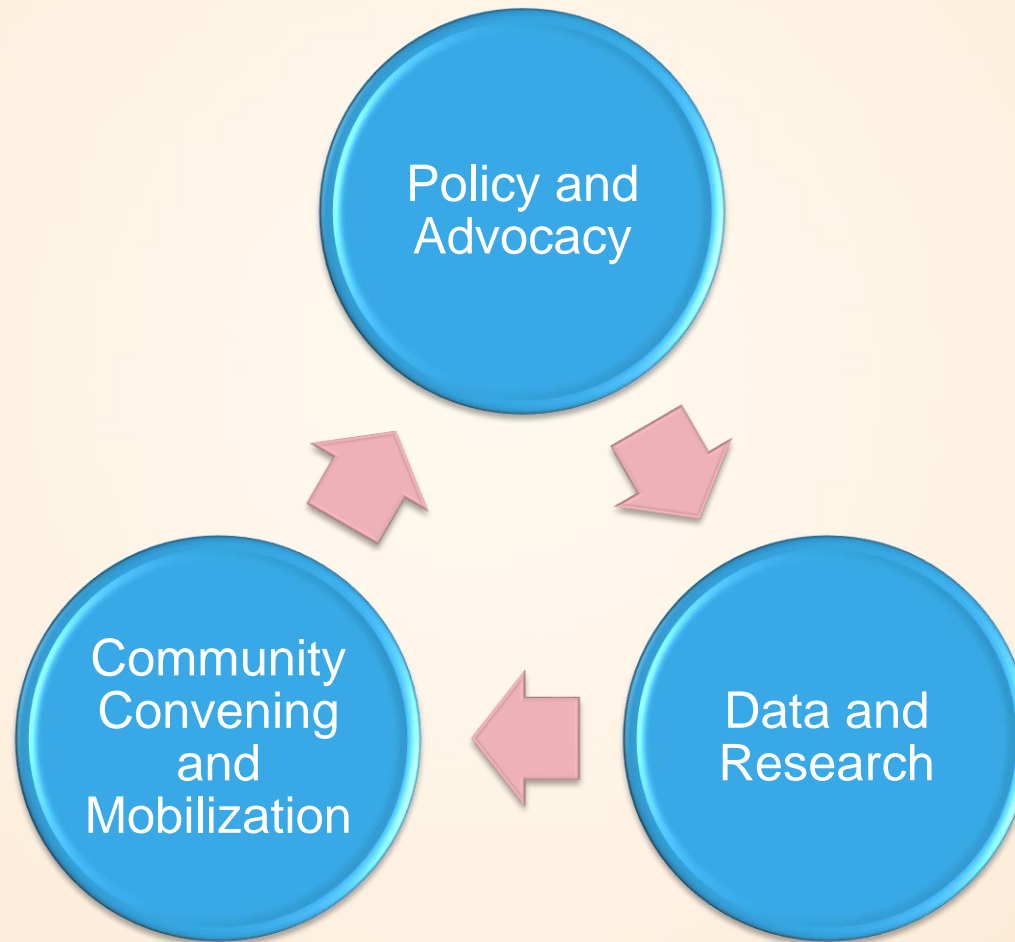
**APIAHF**  
ASIAN & PACIFIC ISLANDER  
AMERICAN HEALTH FORUM

 **CBHN**  
**CaBlackHealthNetwork.org**  
Creating healthy communities  
now and for the future.

**LCHC**   
LATINO COALITION FOR A HEALTHY CALIFORNIA



# CPEHN's Core Strategies





# CPEHN's Policy Wins

## 2012

**AB 441 (Monning)** - Requires the state guidance on Regional Transportation Plans to include local projects that promote health.

## 2013

**AB 422 (Nazarian)** - Permits schools to include information about the Medi-Cal expansion and Covered California in school packets.

**SB 353 (Lieu)**: Requires health plans and insurers that market in certain non-English languages to provide basic information in those languages.

**SB 488 (Hueso)** - Provides authority to local code enforcement officers to cite landlords for pest infestations.

## 2014

**AB 505 (Nazarian)** - Codifies thresholds for translated written documents for Medi-Cal managed care plans.

**AB 2102 (Ting)** - Requires certain Boards regulating health care professionals to collect demographic data.

**SB 912 (Mitchell)** - Eliminates the sunset on nutritional standards for food and beverages sold in vending machines on state property

## 2015

**AB 389 (Chau)** - Updating Hospital Language Assistance Policies by requiring them to be posted online.

**SB 388 (Mitchell)** –Translating the Summary of Benefits of Coverage and requiring them to be translated according to CA thresholds.

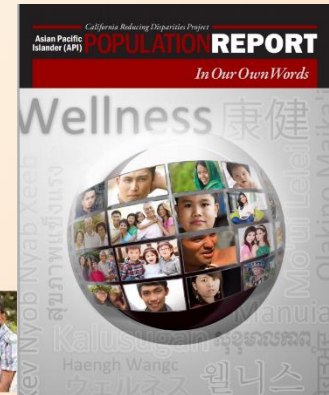
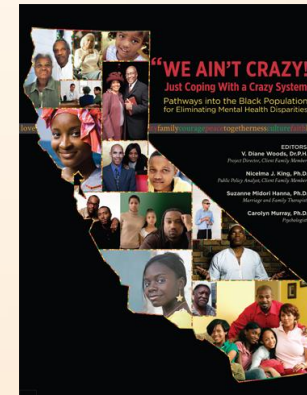
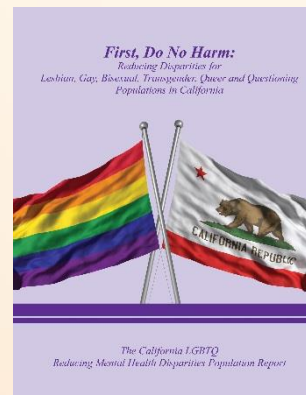
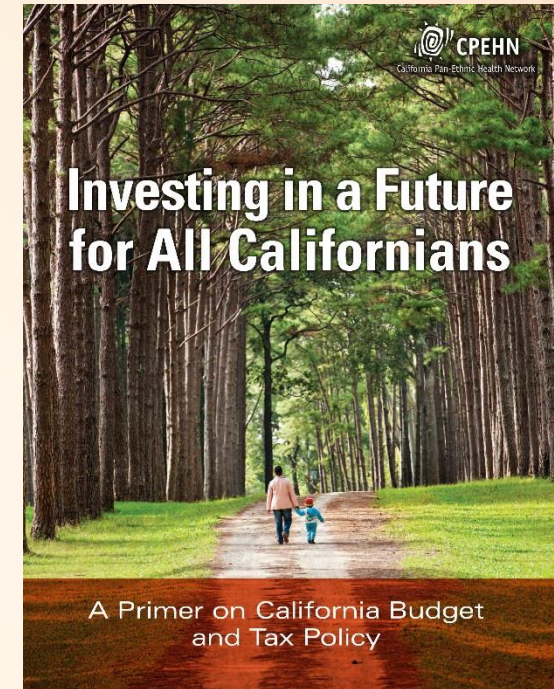
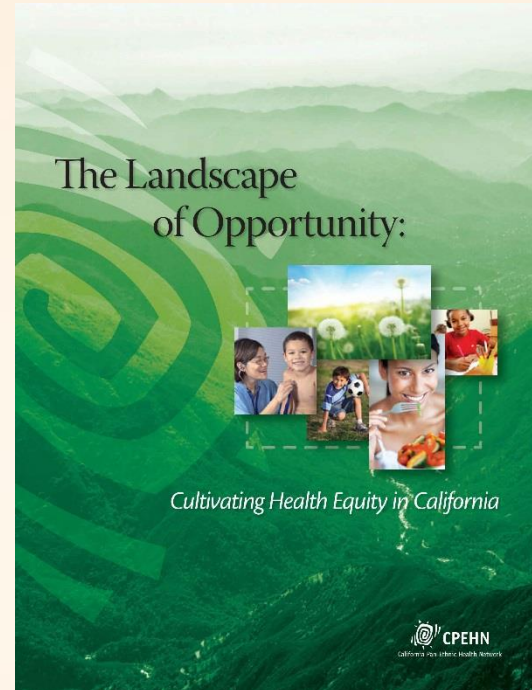
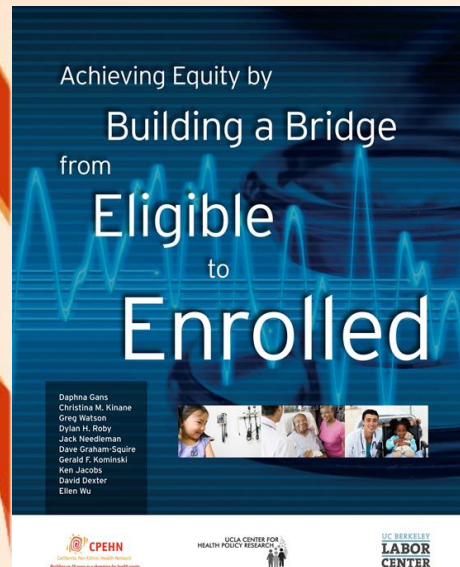
**SB 137 (Hernandez)** – Improving Provider Directories by ensuring accurate, updated information is included such as non-English languages spoken by providers and staff.



# CPEHN's Research



California Pan-Ethnic Health Network





# CPEHN's Community Partnerships/ Coalitions

California Reducing Disparities Project

Having Our Say

Boys and Men of Color Alliance

Health4All Lobby Team

Oral Health 2020 Network



# CPEHN's Vision for Achieving Health Equity

- All Californians will have equal access to affordable health care
- Cultural and linguistic competency will be integrated into quality care
- Social and environmental conditions will promote the health of communities of color
- All health institutions and agencies will address disparities in access, utilization, and outcomes among racial, ethnic, and language groups





# What does health look like?



California Pan-Ethnic Health Network

**BREATHE  
FRESH &  
CLEAN AIR!**



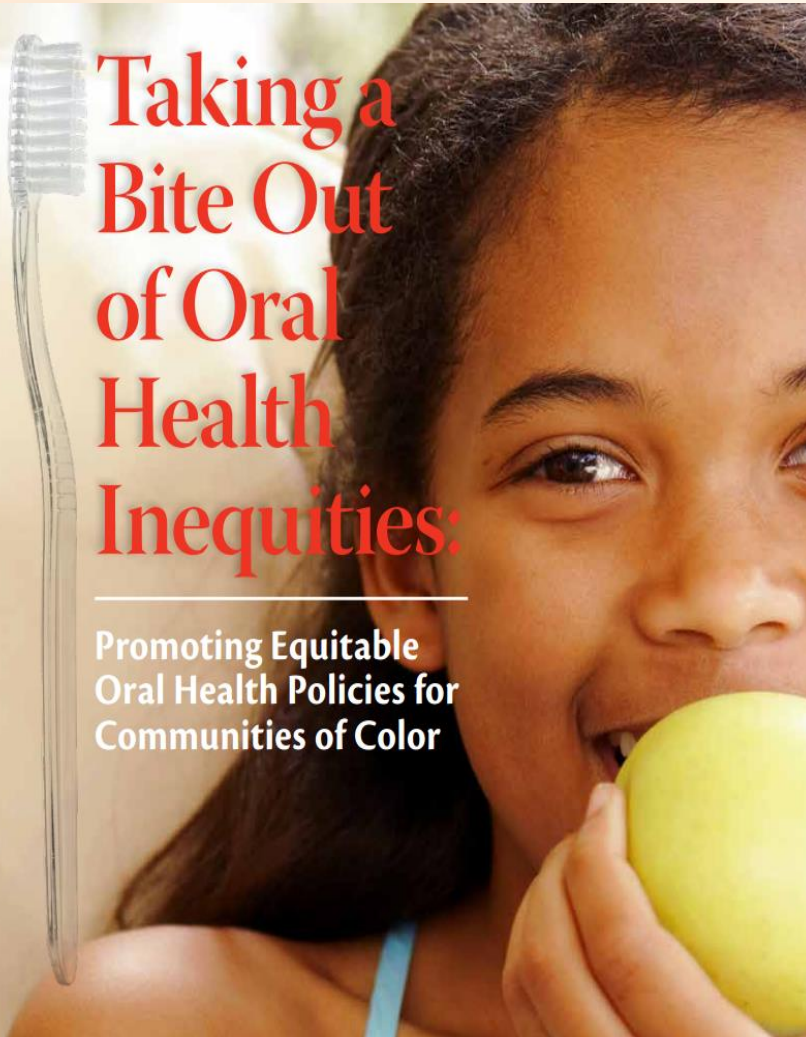
# Oral Health Equity Project (OHEP)

- Funded by the Dentaquest Foundation and California Wellness Foundation
- CPEHN is one of six Grassroots grantees in California as a part of the Oral Health 2020 Campaign
- Part of CPEHN's efforts to expand the scope of equity to whole-person care and the entire body
- Historically underserved and overlooked critical health issue





# Taking a Bite Out of Oral Health Inequities



In addition to educating our communities about the importance of oral health and how to access to services, we must focus on systemic changes including improving access to culturally and linguistically competent oral health care and addressing the social and environmental factors that impact oral health.





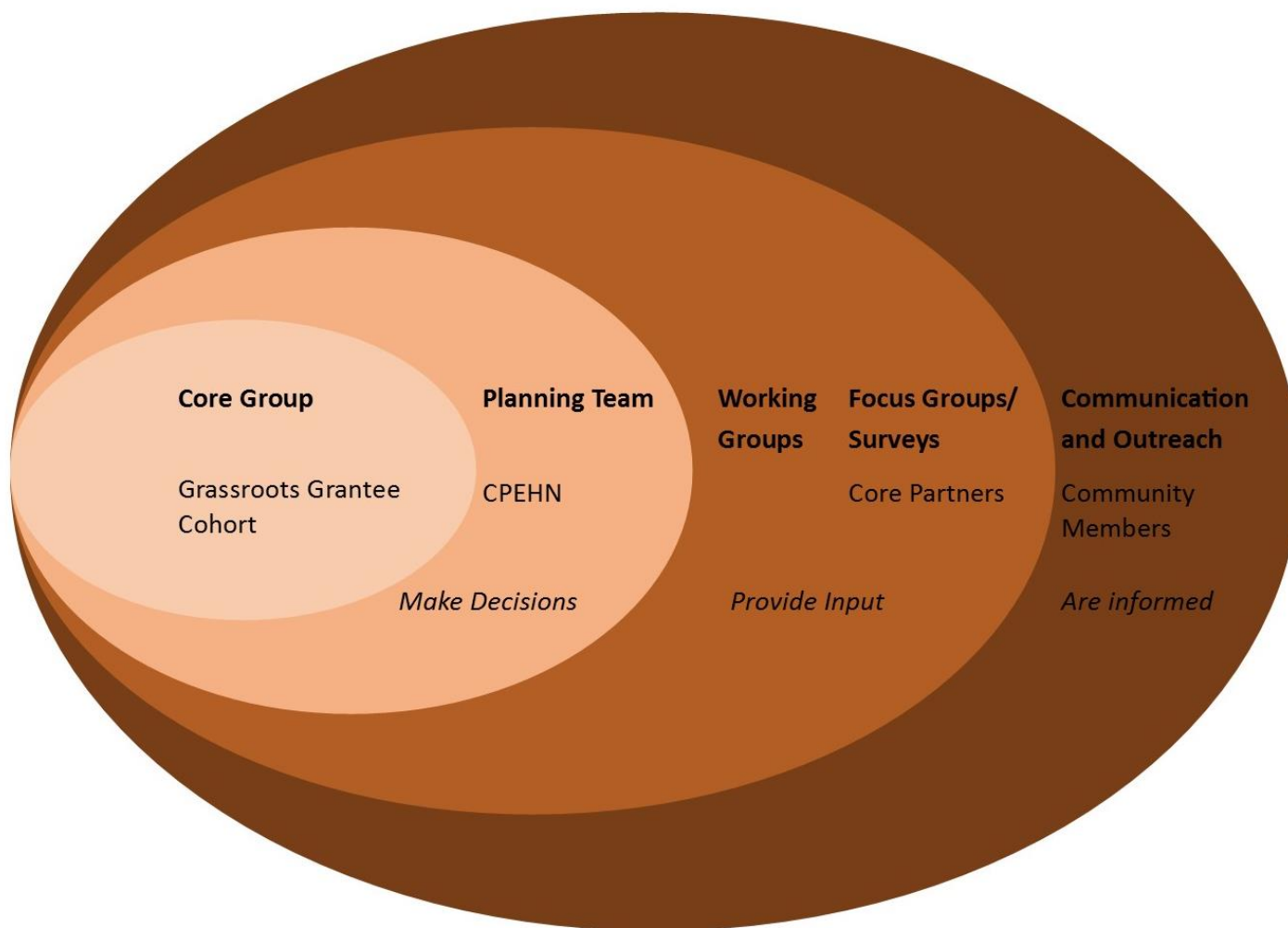
# Oral Health Year 1: Landscape Assessment

In order to develop a ***statewide, multicultural*** assessment of oral health issues affecting ***communities of color***, CPEHN engaged Core Partners in an initial landscape assessment.

- Core Partner Network
  - Community Discussions
  - Key-Informant Interviews



# CPEHN OHEP Partnership Model



# OHEP Core Partners

- Korean Resource Center (LA)
- Black Women for Wellness (LA)
- Roots Community Health Center (Bay)
- Sacramento Native American Health Center (Sac)
- Asian Health Services (Bay)
- Nile Sisters Development Initiative (San Diego)
- Latino Health Access (OC)
- Inland Empire Immigrant Youth Coalition (IE)
- CBDIO (Central Valley)



**BLACK WOMEN  
FOR WELLNESS**



# Landscape Assessment Findings

- **Access to Care**
  - High costs
  - Lack of comprehensive coverage
  - Lack of Accessibility
  - Lack of funding for clinics
- **Cultural Linguistic Gap**
  - Lack of diversity in providers
  - Use of alternative medicine
  - Need for culturally appropriate patient education and linguistic services
- **Integration**
  - Prioritizing treatment instead of prevention
  - Impact of substance and drug abuse
  - Effects of high sugar intake





# Taking a Bite Out of Oral Health Inequities : Strategies and Solutions for Communities of Color

- Los Angeles
- San Diego
- Fresno
- Oakland
- Sacramento
- Inland Empire



# Developing Partnerships

- Leverage personal/ historic/ institutional relationships
- **Consistent Partnership Investments**
  - Providing technical assistance
  - One-on-one relationship building
  - Capacity building
- **Collaborative learning and decision-making**
  - Safe Space for feedback
- **Not a one time thing! Build to last.**



# Messaging Oral Health Equity

- Acknowledge personal/organizational privilege
- Make a clear connection to your partner's values or mission.
- Connect oral health to the entire body.
- Focus on the equity movement.





# Lessons Learned

- Cultural and community competency
- Intersectionality
- Flexibility
- Partner strengths



# Vision for Oral Health Equity!

- **Challenge 1** – Identify a potential partner, friend, or community member you would like to share your vision for oral health equity with.
- **Challenge 2** - Talk that person about gender/race/class/power/privilege in the next 7 days.



# Questions?

Contact us at:

[www.cpehn.org](http://www.cpehn.org)

Stella Kim

[skim@cpehn.org](mailto:skim@cpehn.org)





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# ADDITIONAL INFORMATION

Contact us at:

[www.ilikemyteeth.org](http://www.ilikemyteeth.org)

[fluoride@aap.org](mailto:fluoride@aap.org)



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